

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/520502</div>	Filing Date				
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep												
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Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	4					
Total Depend	6					
Total Claims	10					

may be used for additional claims or amendments

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